

DATE OF INTERVIEW _____ BUSINESS NAME _____

BUSINESS CATEGORY _____ BUSINESS ADDR _____

STORE FRONT BUSINESS LICENSE CHECK LIST

- **COMPLETED BUSINESS APPLICATION**
☐ NEED ☐ D.N.A. ☐ OK _____
- **COPY OF LEASE**
☐ NEED ☐ D.N.A. ☐ OK _____
- **COPY OF CORPORATION PAPERS**
☐ NEED ☐ D.N.A. ☐ OK _____
- OR
- **ASSUMED NAME CERTIFICATE
(MUST BE APPLIED FOR IN THE
COUNTY THAT THE BUSINESS
OWNER(S) RESIDE IN)**
☐ NEED ☐ D.N.A. ☐ OK _____
- **RETAIL SALES TAX NUMBER
SHOWING BERWYN BUSINESS
ADDRESS**
☐ NEED ☐ D.N.A. ☐ OK _____
- **FEIN TAX NUMBER / SS #**
☐ NEED ☐ D.N.A. ☐ OK _____
- **COPY OF ANY STATE LICENSE**
☐ NEED ☐ D.N.A. ☐ OK _____
- **COPY OF DRIVERS LICENSE**
☐ NEED ☐ D.N.A. ☐ OK _____
- **CERT OF INSURANCE NAMING THE
CITY OF BERWYN AS CERTIFICATE
HOLDER**
☐ NEED ☐ D.N.A. ☐ OK _____
- **PROVIDE NAME OF SCAVENGER OR
WASTE HAULER (GARBAGE) SERVICE**
☐ NEED ☐ D.N.A. ☐ OK _____

OTHER _____

INSPECTIONS ARE REQUIRED